

The Use of Laymen in Official Public Health Nursing Programs*

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WE are all prone to say that health is a matter of education. How shall we interpret this rather loosely used phrase? Some regard it as an advertising of the health department in order to create a favorable attitude toward it. Others look upon it as an accumulation of academic data on health stored away but little used. Still others consider that each individual in the community must play his part in changing attitudes and ways of living to those which make for health if health is really a matter of education.

"The informed citizen takes an advanced course in public affairs by becoming an educator himself in his personal contacts and through local civic associations," Courtenay Dinwiddie of the Commonwealth Fund says in commenting on public health and public opinion.

It is interesting to scan the history of the use of lay people and the influences which have given impetus to a fuller appreciation of their part in the program for community health, more particularly as they relate to public health nursing.

Some of us have had an opportunity in certain communities to observe a shifting of responsibility for home care of the sick from the non-professional to

the professional groups. Then, we later may have had an opportunity to observe a slowly dawning realization of the lost values in the assumption of the whole program by the professional group and a consequent revision of program which includes both professional and non-professional, resulting in a nice division of responsibility.

Public health nursing had its inception in visiting nursing. Visiting nursing has had a strong emotional appeal to lay people. The care of the sick poor in their homes by visiting nurse organizations was sponsored by lay groups. Public spirited citizens fostered the work of visiting nurses until the community was convinced that public moneys should be used for the preventive aspects of the visiting nurse service. Since the lay boards of these organizations were often particularly concerned with the raising of funds, interest in the work under the official agencies sometimes lapsed when there was no longer need for the type of service formerly given. Perhaps a further cause of the non-use of lay groups in official agencies was an attitude of resentment of any "interference" on the part of some of the older staff members. This attitude reacted detrimentally upon any sporadic interest which might have been evidenced by any lay person or group.

Public health workers have been interested in the development of a broad

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health program founded on scientific principles, perhaps losing sight of the need for a sound educational program which includes Mr. and Mrs. Everybody in the community. There was an attitude with some of the workers that "this was *our* job and the public depends upon us to do it," and they have been slow to acknowledge the values of service and interest from the non-professional group.

Conditions of the past few years in the public health field have brought us face to face with reality. Municipal treasuries are low; tax payers seek a way out; appropriating bodies are prone to cut their budgets where there will be least pressure from influential political groups. And we have suffered.

Looking back upon the records of health departments as they struggled under the stigma of city hall influence, there is little wonder that it was not desirable to invite the close scrutiny of the community's citizens. There is little wonder, too, that it was in the unofficial public health nursing organizations that high standards of work were set.

With the development of earnestness of purpose, of a real desire to render to the public, nursing service of quality in official public health nursing organizations, we now want to be understood; we now know the need of an informed public; we now know that an understanding public means protection of the thing we have builded. Too, we know the inherent possibilities for a finer understanding and appreciation of the rapidly growing official nursing services. So much for a story of changing attitudes and widening perspectives.

Now that we have discovered that we need each other, how may we create interest in the lay groups and then direct it toward useful ends? Each city will find, in various established groups, a lively sympathy and curiosity about

what is going on in the health field. What we would do, is to reach this fine spirit of helpfulness, organize, inform, and direct it into regular, orderly channels which are so much in need of help.

The Federated Clubs and Parent Teacher Associations have health sections. They may serve as rallying points. The Chamber of Commerce has its public health committee; Junior Leagues are particularly helpful aides; church groups find certain phases of the service challenging. One city reports a continuous diphtheria prevention campaign carried on by the American Legion. The luncheon clubs, Rotary, Kiwanis, Civitan and others have projects closely allied to the field of public health nursing.

When interest is aroused, latent ability for leadership must be detected, and scattered interest crystallized into action. I like to think of the logical stages through which the organization of lay groups moves: (1) There is participation in a broad educational program, learning something of the community's needs. (2) We would expect participation as a volunteer in some of the activities which are set up to meet these needs. One of the recommendations of the Welfare Committee of the Junior Leagues relating to volunteer service states that "one of the ultimate objectives of volunteer service should be to qualify for intelligent board membership in welfare agencies." (3) We would expect a selection of leaders to be made from this group of volunteers to act as members of an advisory committee. In this committee would be developed a broad social vision which it will, little by little, interpret to its community.

Let us illustrate the steps through which a city bureau may go in order to secure lay interest and direct the activities which are the logical outcomes of such interest.

A department of health in one city without a visiting nurse organization, realizing its need for greater lay interest in the whole public health program, found a real desire for fuller knowledge of what was done to protect the community's health in the District Health Chairman of the Federation of Women's Clubs. A plan was laid for monthly meetings at the department headquarters, bringing together the health chairmen of some 60 local clubs for study of local problems. They learned of the activities carried on in their community to meet these problems and of some of the pressing needs as yet unmet.

At the end of the first year's study they sponsored a week's Institute for lay groups. This was conducted by Evelyn K. Davis, Assistant Director of the National Organization for Public Health Nursing. The theme of the institute was "How may members of non-professional or lay groups prepare themselves to participate intelligently and effectively in a program for the promotion of community health and welfare?" The response to this institute was gratifying, indeed.

The department of health has continued to carry on the education of this changing group of health chairmen. The health chairmen have reported on the subject discussed at each meeting to their individual clubs for the 3 years since the initiation of the plan, thus disseminating to a larger group knowledge of the organization and activities of their department of health.

Special interests have developed, some in public health nursing. Sometimes it has been the appeal of a Mothers' Day program, or the story of diphtheria prevention which has stirred the desire to take an active part.

These same women have sponsored an annual publicity campaign for Mothers' Day and have fostered the organization of classes for expectant

mothers in several of the health centers of this city.

The summer round-up chairmen of the Parent Teachers' Association have had a similar series of demonstrations, resulting in an intensive successful house-to-house canvass for diphtheria prevention, in conjunction with their own canvass for school entrants.

Negro groups are as alert to serve their race as are the white people.

The organization of an advisory committee from *below upward* is sounder than from *above downward*, according to Dr. H. S. Mustard, in his report of the Commonwealth Fund Demonstration in Rutherford County, Tenn. He says "It is wrong to assume that a leader is necessarily interested in the health program." He advocates the organization of local committees along specific lines. These committees may be kept reasonably busy supplying volunteer service. The busier they are the more they assume responsibility.

The public health nursing field is technical and at first glance it may seem that only highly trained professional workers could carry on the program, but there are many places for the non-nurse. It is an ancient calling, this service to people, and not a new profession. Weighing and measuring children is work most women love. Transporting patients to clinic, making garments for new-born babes, taking records for the doctor in clinics, making dressings and supplies, or entertaining youngsters while their mothers attend classes at health centers, are all activities in which volunteers may engage and find joy in doing.

Do all those who signify a willingness to serve maintain their interest and continue to grow with the organization? Not unless there is careful selection of volunteers and a definite plan for their instruction and the development of leadership. Let us analyze the motives underlying an interest in

public health or in public health nursing. It may be just a hobby; the person may be an "uplifter" or a "lady bountiful"; or may find in this activity an outlet for a pent-up spirit; or may have genuine interest in social progress and social welfare. If it is a genuine interest in social progress and welfare, much effort will be saved in the sifting process.

The Junior League has carefully planned a placement service for volunteers, fitting the worker into the job which is most challenging to that individual. It is advocated, too, that definite instruction with demonstrations should precede the initiation of the volunteer into any activity. We provide for growth and refresher courses for our professional staffs, and often let the interest and service of the volunteer lag because of lack of cultivation.

The liabilities and problems of volunteer service, such as irregularity and lack of continuity of service, should diminish with careful selection, placement, training and supervision. The advantages of volunteer service, such as more interest and better understanding of the work of the organization, the saving of nurses' time, the economic value in actual service rendered, the publicity value, more than offset the disadvantages.

A few municipal public health nursing bureaus have reached the point of organization of an advisory committee of lay people which assumes some responsibility for a continuing and growing community nursing service. St. Louis, Mo., and Syracuse, N. Y., each reports lay committees on nursing service whose function is the interpreting of the service to the community. Some other cities, such as Nashville,

Tenn., Charlotte, N. C., and Savannah, Ga., have joined the forces of all agencies, public and private, doing public health nursing and are affiliated under the official health department. The policies of the organization are determined by a board made up of representatives from the several contributing and interested agencies. Such a coöperative arrangement should have certain distinct advantages. Bertha O. Yenicek, Superintendent of the Municipal Visiting Nurses of St. Louis, comments on the advantages of a lay advisory committee thus:

Its advice and counsel are just as necessary for the development of the program, policies, and standards of the official agency as in the private agency—indeed more so, because of the complexities of city governmental administration. A lay advisory committee may be quite important also in securing an adequate appropriation from the city's committee on finance for the public health agency.

We conclude then that our aims in using laymen in our public health nursing programs are these:

1. To secure intelligent public response.
2. To secure and utilize volunteer effort.
3. To organize advisory committees who will aid in guiding public opinion and in advocating appropriation of public funds with intelligence and vigor, and who will aid in setting and maintaining the highest standards of personnel and of work.

What are our results thus far? We have builded through the years a stronger partnership between the professional and non-professional groups. We are directed toward organization of specific groups of lay citizens dedicated to the fostering of the purposes of the public health nursing bureaus of our official agencies with a consequent strengthening of all public health nursing in our communities.